

Mental Health Series

Suicide in the Military

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OVERVIEW

Suicide is the 11th leading cause of death among adults in the United States making it a major public health problem. More than 30,000 suicides occurred in the US in 2000. Statistics show females attempt suicide at a rate three times more than males, but males are four times more likely to succeed at suicide. In those aged 15-24, suicide has increased and is the third leading cause of death for this age group.¹

Individual stress factors play a role in suicide. People who are divorced, widowed, unemployed, in financial difficulty, and/or living alone have a higher rate of suicide.¹ A past suicide attempt is one of the most significant risk factors for suicide.² Suicide is also prevalent for people with certain mental disorders such as posttraumatic stress disorder (PTSD), anxiety, depression and substance abuse, particularly alcohol.^{1,2}

SUICIDE IN THE MILITARY

The overall suicide rate for the military is currently around 12 per 100,000, lower than the civilian rate.³ During 1980-1993, "personnel younger than 25 years of age accounted for 48% of all military suicides" and "over 95% of all military suicide victims were males with a rate 2.6 times higher than females." The rate of suicides increased among males from 1980 to 1993.⁴

A study by the United States Air Force (USAF) during 1990-1994 showed that 23 percent of all deaths among active duty Air Force personnel were due to suicide. Suicide was the second leading cause of death after unintentional injuries.⁵ In the early months of 2003, approximately 22 members of the U.S. military on active duty in Iraq completed suicide. For those 22, major combat

operations had ended; 19 were soldiers serving in the Army. In 2003, the overall suicide rate for those deployed in Kuwait and Iraq was 17.3 per 100,000, while the overall suicide rate in the Army during the same time period was 12.8 per 100,000. In general, the rate of suicide for 2003 within the Army was 12.2 percent.^{3,4}

Stress in combat is a normal experience for soldiers. If prolonged, however, it can result in debilitating behaviors such as hallucinations, delusions, anxiety, depression and substance (alcohol and drug) abuse, which are highly correlated with suicide. Of the 2003 suicides by soldiers in Iraq, the reasons given were depression, loss of a significant relationship, financial and legal problems. In addition, a recent study found that 15-17 percent of those who had served in Iraq met criteria for major depression, generalized anxiety disorder (GAD) or PTSD. Statistics suggest these mental disorders can result in an increased risk among individuals of suicide behavior. In the military environment, the highest risk factors for suicide are "romantic, occupational and legal difficulties."^{4,7}

PREVENTION STRATEGIES AND PROGRAMS IN THE MILITARY

The immediate evaluation of the suicidal soldier is crucial to suicide prevention, since plans can be easily and quickly carried out because there is a proliferation of accessibility to weapons in the military. However, as in many parts of civilian life, the stigma associated with mental health and treatment for mental illness is highly prevalent in the military. Therefore, military personnel are often reluctant to seek mental health services even when feeling suicidal. This reluctance, or fear, is brought about

because of the negative effect upon their military career goals. A recent study found that, because of stigma, only 23-40 percent of those with mental health concerns sought assistance after serving in Iraq and Afghanistan.^{5,8}

In spite of these obstacles the military has taken active steps to decrease the suicide rate by increasing the availability of mental health services. In 1996-1997 the (USAF) implemented a suicide team-oriented prevention strategy that included most of the USAF community. The strategy "focused on reducing suicide using early interventions and strengthening protective factors ... The team established USAF requirements for annual suicide prevention and awareness training ... provided to approximately 80% of the USAF members ... From 1994 to 1998 the suicide rate among USAF members decreased significantly from 16.4 suicides per 100,000 members to 9.4.⁵ The Army implemented its "Soldiers, Leaders and Communities Saving Lives" suicide prevention campaign in 2000. The program objective was to teach soldiers how to recognize and respond to the early signs of suicidal behavior. In the early 2000s, the Army also introduced a training workshop program called "Applied Suicide Intervention Skills Training" (ASIST). The purpose of these ASIST workshops was to give tools for life-assisting intervention to those who come into contact with persons at risk of completing suicide.⁸

In January 2005, the Defense Department announced that a follow-up mental and physical health assessment would be given three-to-six months after discharge, in addition to the assessment given to those discharged from armed

forces duty. The DOD also established a program to address emerging concerns, such as PTSD systems, at the Deployment Health Clinical Centers of Walter Reed Army Medical Center in Washington DC. Further the Department of Veterans Affairs, the U.S. Department of Defense developed and published the Post Deployment Health Practice Guidelines to assist in a uniform post-deployment process.⁶

CONCLUSION

Suicide is a public health concern for adults on a national level within the U.S. In the armed forces, both military and civilian personnel have learned the significance of suicide prevention, which has been greatly influenced by the U.S. Surgeon General Dr. David Satcher's national campaign in the late 1990s to promote suicide awareness. The "Call to Action to Prevent Suicide" expressed the Surgeon General's "view of suicide in epidemiological terms and used as a major prevention cause of death, affecting different gender, age, and ethnic groups in different ways."¹⁰

The military has developed approaches and strategies for assessing and intervening when negative psychological reactions occur for soldiers in combat settings, using a wide array of mental health services. The approaches

and strategies also include units deployed overseas as well as operations within major U.S. hospitals.^{7,8}

However, suicide prevention, even on the national level, remains an ongoing challenge. This challenge is particularly compelling for the military, since forces presently in Iraq have a higher percentage of men than the rest of the army, and men have been associated with higher rates of suicide.⁴ ■

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